Ser. No. 10/056,914 PU020028

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Applicants**: Kevin Lloyd Grimes et al.

**Serial No.** : 10/056,914

**Filed** : January 25, 2002

Title : METHOD AND SYSTEM FOR MAINTAINING EVEN TUBE

**BURN-IN** 

**Examiner**: Brian P. Yenke

**Art Unit** : 2614

## **AMENDMENT AND RESPONSE**

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

In response to the Office Action of November 22, 2005, for which a shortened statutory period of three months for response ending February 22, 2006 was provided, the following amendments and comments are submitted and reconsideration of the claim rejections is respectfully requested.

A fee of five hundred dollars (\$500) is incurred by this amendment for the addition of two claims total and the addition of two independent claims. Please charge this fee to Deposit Account 07-0832.

As certified in a certificate of mailing included on the signature page of this document pursuant to 37 CFR §1.8, the present response is being mailed on February 15, 2006 and, therefore, it is respectfully submitted that this response is timely.

Please enter the remarks as follows:

Listing of the Claims begin on page 2 of this paper.

**Remarks** begin on page 7 of this paper.

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMI** Applicant claims small entity status. S

| Effective on 12/08/2004.  | Complete if Known    |  |   |  |
|---|----------------------|--|---|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | Application Number   | 10/056,914                               | / |  |
| FEE TRANSMITTAL   | Filing Date          | 01/25/2002<br>Kevin Lloyd Grimes, et al. |   |  |
| for FY 2006   | First Named Inventor |  |   |  |
|   | Examiner Name        | Brian P. Yenke                           |   |  |
| Applicant claims small entity status. See 37 CFR 1.27                   | Art Unit             | 2614                                     |   |  |
| TAL AMOUNT OF PAYMENT (\$) 500.00                                       | Attorney Docket No.  | PU020028                                 |   |  |

| TOTAL AMOUNT O  | F PAYMENT   | (\$) 50   | 00.00                                   | Attorney Docke                       | t No. PU02002   | 18  |                              |
|---|---|---|---|--------------------------------------|---|---|------------------------------|
| METHOD OF PAYMENT (   | check all that apply  | <i>(</i> )  |   |                                      |   |   |                              |
| Check Crock Customer Number 2   | edit card 🔲   | Money   | Order                                   | ☐ None                               | ☐ Other   | (please identify):                                    |                              |
| ☐ Charge fe ☐ Charge an fee(s) under WARNING: Information information and author  | entified deposit a<br>ee(s) indicated<br>ny additional f<br>37 CFR 1.16 a<br>on this form ma<br>rization on PTO-2 | account, to<br>below<br>ee(s) or o<br>and 1.17<br>by become | he Director is hereb<br>underpayments o | ☐ Charge<br>f ☐ Credit               | (check all that a<br>e fee(s) indicat<br>any overpaym | ed below, except<br>ents                              | for the filing fee           |
| FEE CALCULATION   |   |   |   |                                      |   |   |                              |
| 1. BASIC FILING, SE   | FILING FE   |   | SEAR                                    | CH FEES<br>Small Enti                |   | IINATION FEES<br><u>Small En</u>                      | itity                        |
| Application Type  | Fee (\$)  | Fee (\$)  | Fee (\$)                                | <u>Fee (\$)</u>                      | Fee (\$)  | <u>Fee (\$)</u>                                       | Fees Paid (\$)               |
| Utility   | 300   | 150   | 500                                     | 250                                  | 200   | 100   |                              |
| Design  | 200   | 100   | 100                                     | 50                                   | 130   | 65  |                              |
| Plant   | 200   | 100   | 300                                     | 150                                  | 160   | 80  |                              |
| Reissue   | 300   | 150   | 500                                     | 250                                  | 600   | 300   |                              |
| Provisional   | 200   | 100   | 0                                       | 0                                    | 0   | 0   |                              |
| EXCESS CLAIM F Fee Description     Each claim over 20 (included independent claim Multiple dependent claim Total Claims | uding Reissues)<br>over 3 (including  | Reissues)<br>a Claims<br>2                                  | <u>Fee (\$)</u><br>× _50 :              | <u>Fee Paid (\$)</u><br>= 100        |   | Small E Fee (\$) 50 200 360 Multiple Depende Fee (\$) | Fee (\$)<br>25<br>100<br>180 |
| HP = highest number of  | total claims paid f   | or, if greate   | er than 20.                             |                                      |   |   |                              |
| 5 - 3 e<br>HP = highest number of   | or HP =   | a Claims<br>2<br>ns paid for,                               | Fee (\$) x 200 if greater than 3.       | = 400                                | 01 FC:1202  | BRAHA1 00000028                                       | 070832 10056914              |
| 3. APPLICATION SIZE If the specification an listings under 37 CFF sheets or fraction the                                | d drawings exce<br>R 1.52(e)), the a  | pplication  | size fee due is \$25                    | luding electroni<br>0 (\$125 for sma |   |   |                              |
| Total Sheets  | Extra Shee  | <u>its</u>  | Number of each a                        | additional 50 o                      | r fraction there                                      | of Fee (\$)   | Fee Paid (\$)                |
| - 100 =   |   | / 50 =  | (ton                                    | nd up to a who                       | le number) x  |   | =                            |
| 4. OTHER FEE(S)   |   |   |   |                                      |   |   | Fees Paid (\$)<br>500.00     |
| Fee for 2 additional d  | ependent claim  | s (@\$50 (  | ea.)/Fee for 2 additi                   | onal independe                       | nt claims (@\$20                                      | 0 ea.)  |                              |

| SUBMITTED BY      |                  |                                      |        |           |              |
|-------------------|------------------|--------------------------------------|--------|-----------|--------------|
| Name (Print/Type) | Michael A. Pugel | Registration No.<br>(Attorney/Agent) | 57,368 | Telephone | 317-587-4027 |
| Signature         | Muchula          | Kreen                                |        | Date      | F9B 15, 2006 |
|                   |                  | $\overline{}$                        |        |           |              |